

Medics Forward

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Medics Forward ... Any mission, Anywhere!*

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Wuerzburg Change of Command welcomes two new leaders.

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Veterinarian Civilian Assistance Program alive and kicking in Kosovo

**By 2nd Lt. Timothy Mills
Task Force Medical Falcon, Kosovo**

Dibran Shala, a 14-year-old boy, looked like a contract employee moving animals to the ark for Noah, more than once leading two animals at a time.

On one trip he tugged on leashes as his two anxious hunting dogs pulled him forward. During another trip he walked backwards, a horn in each hand, pulling two stubborn goats along. It didn't matter if the animals belonged to him or a neighbor, Shala was there helping family and friends get their animals to the treatment location.

Whether it was a mouthful of Strongid or a squirt of Cydectin on their back, the animals would soon be in better condition than when they arrived.

As part of the global war on parasites, California Soldiers from Task Force Sidewinder and Medical personnel from Task Force Medical Falcon teamed up with the local veterinarian to hold a Veterinary Civilian Assistance Program (VETCAP) in Ponesh, Kosovo.

"The task force will come out and visit the villages," said Lt. Col. Timothy Rector, of Mandan, N.D., the task force veterinarian. "It's a Sidewinder mission. They just coordinate with us to make sure we have enough staff."

"The biggest problem is getting the

fliers out to everyone," said 1st Sgt. Richard Ramirez, Headquarters and Headquarters Company, 1-160th Infantry, Brea, Calif.

Ramirez's civil affairs section handed out fliers during patrols in the area announcing the VETCAP.

"There should have been more animals here," said Ramirez.

Although there was more room for animals, there seemed to be a steady flow of creatures large and small. According to Ramirez, the final count was 60 sheep, 63 cows, two pigs, six goats and 19 dogs.

While treating as many animals as possible is a noble goal, more important is the goal of integration.

"The goal of this is to talk to the people, both Serbs and Albanians," said Dr. Dritan Berushi, veterinarian for the Gnjilane municipality. "It's to tell them that KFOR is helping both of us. It's for all of us. Our VETCAP, which includes only veterinary medicine and the civil affairs section, is trying to tell the community, to help them, to make them work together."

While working in Kosovo, Ramirez and the Soldiers of the California National Guard have been exposed to life in an agrarian society.

"You're not here to engage the enemy and take the ground and hold it," said Ramirez. "Here you're trying to keep peace as a stable factor

in their everyday life. The citizens out there working together is the goal."

One person who understands that goal is Berushi. As the veterinarian for the Gnjilane municipality he maintains a focus of reducing disease while looking out for the economic welfare of the local veterinarians.

"(We're all) very sensitive to the local population trying to make a living," said Rector. "There are local vets here that are trying to earn a living and we don't want to take that from them. It looks like it is hard enough to make a living in this country. If you have a skill that's as marketable as that you don't need somebody coming in and taking it from you."

As the municipality's veterinarian, Berushi juggles a unique balance. He looks out for the profit interests of local veterinarians and works with knowledgeable experts from Task Force Falcon to promote better animal care practices and healthier animals.

"His main concern was that we treat the animals and knock down some of the diseases that the kids pick up from the animals," said Ramirez. "He's trying to keep those animals healthy. He's trying to keep diseases down and unless people have got some other secret remedy, the vet is

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TFMF



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U.S. Army veterinarians in Kosovo

Continued from page 1

probably the guy they want to go to most. You've got healthy animals, you've got healthy products." One way of ensuring healthy products is by keeping the livestock healthy.

"We provide treatments against the parasites both inside and outside," said Berushi. I see them on that cow," said Berushi, pointing to a small bump under the cows hide.

"In the past we would vaccinate them," said Rector. He said the follow-up vaccinations were difficult with the deployment rotations, and an effort was made to control the perception of favoritism. Now they use de-wormers.

"We decided it's the one thing we can do that will make the biggest difference," said Rector.

"We just do a one-time dosage," said Sgt. Shawn Shull of Columbia, S.C. "The sheep one is Combinex and it's used to kill the liver flukes and some of the other intestinal parasites."

"We're giving de-worming (Strongid) for the dogs and Cydectin for the cattle," said Staff Sgt. Patricia Holliday of Fountain Valley, Calif., an evacuation non-commissioned officer who volunteered to help out with the event.

Holliday said she was a little scared when she started. As a volunteer, her job was to treat the cattle as the farmers led them by.

"I sent my mom back an e-mail to give to my grandmother," said Holliday. "I said she'd be proud of me because she grew up on a farm in Iowa."

For farmers in the United States, agriculture is much more developed; in Kosovo that's not the case. Rector is amazed to see how farming is practiced here. "One and two bottom plows, by hand," said Rector. "I've seen one guy on a tractor and three guys behind him each with a one bottom plow, walking along keeping it in the ground. I saw a guy cutting hay the other day," said Rector as he simulates swinging a scythe. "Then they pile it up. There's no machinery."

When the American military puts a team together, they staff it with professionals across the board. The 40th Division has Soldiers who are experts in their field. Engineers have helped with bridge projects that keep transportation moving in rural communi-



Photo courtesy U.S. Army

Lieutenant Col. Timothy Rector (r.) of Mandan, N.D., task force Veterinarian, administers medicine to a goat during a Veterinarian Civilian

ties.

Doctors and medics have provided treatments to rural families. Veterinarians and medical personnel are working to keep the animal population healthy.

"The whole idea is to make the communities healthier and we're doing it via their food supply," said Rector.

Ramirez agrees, "These animals here don't go through the same inspection process as our animals back home," he said. "We're not used to seeing it walking one minute and then being cooked and eaten within the next ten."

Livestock and animal owners were happy about the assistance the local veterinarian and KFOR provided.

"Sometimes we'll just go out and take care of their animals at their house," said Shull.

"It's safer for everybody and these guys don't have to spend three hours bringing three cows," said Rector.

"A lot of thanks to KFOR especially, but also to the local veterinarian," said Emrush Zarjani, a 56 year old farmer who had all his sheep and cattle treated. An event like this doesn't just leave a smile on the face of farmers. The Soldiers involved find it very rewarding as well.

"Everybody really appreciates it," said Rector. "All of these people, they don't speak our language but they're so happy. They want you to stop and drink coffee and it makes you feel good, because they appreciate it."

Medical Soldiers train side by side in Bosnia-Herzegovina

**Story by Sgt. 1st Class Derrick Witherspoon
7th Army Reserve Command Public Affairs Office**

SARAJEVO, Bosnia-Herzegovina — As a platoon of soldiers from the Armed Forces of Bosnia and Herzegovina (AFBiH) prepared for their first major mission outside of Bosnia-Herzegovina in support of Operation Iraqi Freedom, U.S. Army Reserve Soldiers supported them with medical training that could eventually save their lives.

Soldiers from the 7th Army Reserve Command's (ARCOM) Medical Support Unit-Europe (MSU-E), headquartered in Heidelberg, Germany traveled to Sarajevo in May to provide soldiers from the Armed Forces of Bosnia-Herzegovina with combat lifesaver familiarization.

The AFBiH soldiers, who are volunteers from the Federation Army and the Army of the Republic of Srpska, are preparing for their first joint military operation outside of Bosnia.

Captain Robert Beljan, operations officer for the Armed Forces of Bosnia and Herzegovina Center of Professional Development in Pazarić, said the soldiers will be attached to a U.S. Marine explosive ordnance disposal unit. Their mission, as part of the coalition forces in Iraq, will be to dispose of large amounts of captured ammunition. Beljan said the lifesaving training the soldiers received from the U.S. Army medics will help them aid one another in case of a medical emergency.

"I can say as an operations officer who followed the entire medical familiarization provided by the U.S. Soldiers, that this was some of the best training that our Soldiers have had, especially when it comes to hands-on training," said Beljan.

Major Thomas Johnson, operations officer for the MSU-E, said the unit's mission is to augment and support U.S. Army Europe and maintain a combat-ready, forward-stationed Army Reserve medical unit fully capable of supporting the 7th ARCOM and Europe Regional Medical Command intra-theater medical mission. Johnson added that one of their major missions is to provide combat lifesaver training to Soldiers being deployed to a combat zone, such as Iraq.

Staff Sgt. Bruce Toland, an Army Reserve Soldier with the MSU-E, said the combat lifesaver familiarization they provided the AFBiH soldiers was geared to help them deal with any medical emergency that might arise

due to their handling of munitions as part of their mission in Iraq.

"We basically taught them all the necessary skills of a combat lifesaver so they may be able to save a life," said Toland, "i.e. how to control bleeding, treat shock, splint a fracture, attend to a sucking chest wound or an abdominal wound, and how to initiate an I.V. Basically all the important techniques needed for assistance to a casualty."

Although they asked not to be identified, all of the AFBiH soldiers who were spoken to echoed the same sentiments: this was not only some of the best and most useful preparation for their deployment to Iraq, but it was also a great team and morale builder.

During the combat lifesaver familiarization, soldiers from Bosnia-Herzegovina's two armies - the Federation Army and the Army of the Republic of Srpska - placed years of differences aside and worked together so they may be there for each other if one of them gets injured in Iraq.

"These are all professional soldiers and so far in these 15 weeks of training that we've had, they have done an excellent job training together," said Beljan. "I think both components did a great job during the combat lifesaver familiarization and that they acted as one unit and I know they will act as one unit in Iraq, too."

"These soldiers have been involved in conflicts in the past, so they bring a wealth of knowledge to the table with them," said Toland. "The class that we taught had four AFBiH soldiers who were medics and they were instrumental in assisting us during the combat lifesaver familiarization, and I know they're going to be major assets to their comrades while they're in Iraq."

Beljan said he is thankful for the training the MSU-E Soldiers provided and looks forward to the Soldiers coming back again to train more of the AFBiH soldiers on combat lifesaving.

"This mission in support of Operation Iraqi Freedom is a great way for us to give back to our allies who helped us during our time of need," said Beljan. "We look forward to being a part of other international missions that may arise in the future, and the combat lifesaver familiarization we received will play a big part in our success if any of our soldiers get injured."

U.S. ARMY RESERVE



W-MEDDAC



Hospital command in Wuerzburg splits

*By Steve Liewer
Stars and Stripes European edition*

WÜRZBURG, Germany — Dr. (Col.) Patricia Lillis-Hearne turned over her twin Würzburg-based Army medical commands to two new commanders at Leighton Barracks on Wednesday in a fundamental restructuring of the Würzburg Army Hospital.

Col. Mark Bither took charge of the 67th Combat Support Hospital, a mobile hospital command that spent 2004 deployed to Iraq. Dr. (Col.) Dallas Homas assumed command of the U.S. Army Medical Department Activity (MEDDAC) Würzburg, the garrison hospital that cares for soldiers and their families at home in Germany.

Amy Stover, a hospital spokeswoman, said the 67th CSH — uniquely in the Army — is an embedded part of the MEDDAC, one group of soldiers carrying out



Photo by Amy Stover, Public Affairs Officer

Colonel Dallas Homas assumes command of the Würzburg MEDDAC July 6, accepting the guidon from Brig. Gen. Carla G. Hawley-Bowland, ERM Command commander and USAREUR Command Surgeon.

separate combat and garrison missions.

“At times, those [missions] seemed to be in conflict,” Stover said. “This allows each of the commanders to focus on one mission.”



Photo by Amy Stover, Public Affairs Officer

Colonel Mark Bither assumes command of the 67th Combat Support Hospital July 6, accepting the guidon from Col. Steven Swann, commander, 30th Medical Brigade.

Bither is a registered nurse. He has served around the world, most recently as chief nurse at the Keller Army Community Hospital at the U.S. Military Academy at West Point, N.Y.

Homas, of Lorain, Ohio, graduated from West Point in 1983, and was commissioned into the field artillery. He attended medical school in Bethesda, Md., and completed postgraduate training in general surgery, plastic and reconstructive surgery and surgery of the hand. His last command was as division surgeon with the Hawaii-based 25th Infantry Division, which deployed to Afghanistan.

Lillis-Hearne received her undergraduate and medical training in South Carolina through the Army Health Professions Scholarship Program. An oncologist and internal medicine specialist, she was deputy commander of ERM Command in Heidelberg, Germany, before taking over the dual command two years ago. Her next assignment is to the Air War College at Maxwell Air Force Base, Ala.

This article was reprinted with permission from Stars and Stripes European edition.

Heidelberg Medical Activity welcomes new commander

By Charles Ward
Public Affairs Officer

"Heidelberg Hospital, its staff, and its clinics thrived under your leadership," said Brig. Gen. Carla G. Hawley-Bowland, commander of the Europe Regional Medical Command and U.S. Army Europe command surgeon. With these words Hawley-Bowland thanked Col. David Krieger, U.S. Army Hospital Heidelberg commander, before speaking words of welcome to incoming commander Col. William Novakoski and his family during the July 8 change of command ceremony held at Nachrichten Kaserne's Wilson Theater.

Hawley-Bowland took time during the ceremony to list the accomplishments of Krieger and his staff over the past two years. Highlights included the recent performance on the Joint Commission on the Accreditation of Health Organizations (JCAHO) survey and the swift implementation of Composite Health Care System, second version (CHCS II) as the new electronic system for military medical records.

Krieger added to what Hawley-Bowland stated, sharing his appreciation for those at the hospital and in the nine outlying health clinics under the hospital's direction.

"I am blessed," he said. "God has blessed me beyond imagination. I have a wonderful family and good friends. I have had the honor to command this amazing organization. The accomplishments of this MEDDAC have been incredible over the past two years."

After Krieger made his farewell comments, Novakoski greeted the hospital staff and briefly turned his remarks toward the military mission in Europe with regard to the ongoing Global War on Terrorism. Due to the ceremony taking place just one day after the multiple bombings in London Novakoski said "We



Photo by Kevin Koehler, 7th ATC

Colonel William Novakoski (middle), U.S. Army Hospital Heidelberg's new commander, passes the guidon to Command Sgt. Maj. Francis Rivera, U.S. Army Hospital Heidelberg, command sergeant major, (right) as Col. David Krieger (left), outgoing hospital commander, and Brig. Gen. Carla G. Hawley-Bowland (far left), commander, Europe Regional Medical Command and U.S. Army Europe surgeon general, look on during the U.S. Army Hospital Heidelberg change of command ceremony held July 8 at Wilson Theater on Nachrichten Kaserne.

remain dedicated to quality service in support of Soldiers in harm's way."

"My family and I are absolutely thrilled to be back in Germany," said Novakoski, reflecting on his previous assignments in Europe. We are privileged to be here. I know that this is a unit with excellence and an outstanding command climate."

Novakoski's experiences in Germany include service as the Hanau Health Clinic commander, the deputy commander for outlying clinics at Heidelberg Hospital, and with the 30th Medical Brigade.

Krieger moves on to a Health and Human Services medical fellowship in Washington, D.C. The Novakoskis are coming from northern Virginia.



30th Medical Brigade change of command

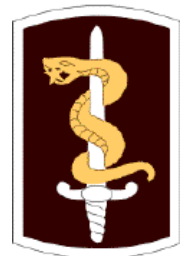
On July 1, Col. Steven W. Swann (left) assumed command of the 30th Medical Brigade Headquarters in Heidelberg, Germany. Swann passes the guidon to 30th Medical Brigade's Command Sgt. Maj. Dale A. Christopher during the ceremony held on the parade field at Nachrichten Kaserne.

Photo courtesy U.S. Army

H-MEDDAC



30th Medical Brigade



USAMRU-E



The U.S. Army Medical Research Unit-Europe, located in Heidelberg, Germany, conducts research to support the U.S. Army.

War zone stress reactions, PTSD, and traumatic grief

By Richard Thompson
Social Work Care Manager
Baumholder Health Clinic

Deployments in a war zone situation create a biological response that is relatively natural and healthy. Stress hormones are elevated that serve to protect by aiding the service member to be alert and ready. Cortisol and adrenaline levels are increased so that service members can respond quickly and aggressively to signs of danger. These stress hormones are not unique to the war zone, but essentially protect and increase survival rates in many types of dangerous situations.

Redeployment after months in the war zone creates a period of readjustment. War zone stress reactions will likely carry over to life at home for a period of time. These stress reactions are normal and should be expected. Symptoms include increased alertness, jumpiness, restlessness, irritability, sleep disturbance, and difficulty concentrating.

These reactions are primarily biological and have nothing to do with personal weakness or a lack of coping skills. These hormones can effect changes in the brain's chemistry. Service members and their loved ones can assist in monitoring these symptoms. Symptoms will likely decrease during the adjustment period without any intervention.

Others may need some assistance in managing symptoms that persist and interfere with functioning in some area of life, such as personal relationships or functioning on the job. There is no single answer to identify when someone may need to seek assistance, but assistance is available in the form of therapy and medications that will aid in adjusting the brain's chemistry.

Post-traumatic Stress Disorder (PTSD) is a significant extension beyond war zone stress reactions. It involves a response to a single or series of traumatic experiences. Someone may be directly involved, or simply witness a traumatic event that generally involves a serious threat of injury or death.

Symptoms often include unwanted dreams, nightmares, intrusive thoughts or flashbacks about the experiences. The disorder requires proper diagnosis and treatment. Post-traumatic Stress Disorder is serious because it greatly increases the risk of depression, suicide, substance abuse disorders, and often leads to destruction of personal relationships.

Traumatic Grief refers to the experience of a sudden loss of a significant or close attachment. This occurs in relation to the bonds created between service members that are attached to a unit and sharing the experiences of a war zone deployment. When tragedies seriously injure or kill another service member, remaining Soldiers often feel helplessness, anger, and "survivors' guilt."

These emotions are difficult to manage alone and having the support from friends, family, and command staff is essential. Therapy can also provide support and assistance in identifying irrational thinking that may be perpetuating these negative emotions. Accountability is highly valued in our society, even more so in the military, and people generally do well with taking responsibility for their actions. But, that's only half of the story of accountability.

Sometimes, it is even more important to be able to recognize those things that one is not responsible for. No doubt this is easier said than done, but talking with others may be helpful to recognize if one is feeling inappropriately responsible for such a tragedy.

Local resources are available at your health clinic and Army Community Service office. There are also social work care managers located in Vilseck, Wiesbaden, Baumholder and Vicenza, Italy that will assist service members and family members with deployment-related concerns. The unit chaplains are also good resources that are available.

There are also many internet resources to find further information. The National Center for Post-traumatic Stress Disorder (www.ncptsd.org) is an excellent resource for information about war zone stress, PTSD, and other reunion/reintegration concerns. Veterans have access to services at many Veterans Affairs medical centers and clinics and can find information about locating services and eligibility/applications at www.va.gov. The Deployment Health Clinical Center website (www.pdhealth.mil) has information available about a variety of health issues related to deployments, including mental health concerns.

Note: A majority of information in this article was obtained from "The Iraq War Clinician Guide" (June 2003), which is published through the Department of Veterans' Affairs and the National Center for Post-Traumatic Stress Disorder.

Getting past the mental side of battle

By **Spc. Todd Goodman**
Landstuhl Public Affairs Office

Sometimes the most painful war wounds are the ones that cannot be treated with conventional medicine. That is the case with Staff Sgt. William B. Winburn, who by his own admission will need a lot of mental pushups to get past his stint in Iraq.

Winburn's job was to escort convoys. He and others in a group of three Humvees were returning from a town near the Kuwaiti border July 3, on their way back to Baghdad when it happened. An improvised explosive device hit the sergeant's vehicle, badly injuring him and decapitating his driver right in front of him. It's an image the 35-year-old Kentucky native is having a hard time shaking.

"Me and him were close," said Winburn. "We were just sitting there cutting up and the next thing I knew it was over. He never had a chance. At least he didn't suffer. That's some conciliation."

Winburn slept only 30 minutes in the four days that followed the blast. Every time he closed his eyes he saw his driver die. The nightmares made sleep an afterthought.

"I smell black powder every night when I lie down," he said. "I can smell everything in that Humvee. Every time I close my eyes, it's the same thing."

Upon his arrival at Landstuhl Regional Medical Center, one of the first requests he made was to speak with a chaplain. The sergeant's attitude is not one of a defeatist. He said he knows it's going to be a difficult to lose the images of war, not to mention the multiple surgeries to his left hand.

The blast took his thumb, the end of his pinky finger and all of the muscle in the palm.

"I'm dealing with it one day at a time," he said to LPMC Chaplain (Lt. Col.) Paul Williams. "I just feel guilty in my heart because I couldn't do anything to save him. He was only 22-years-old."

"The important thing is that you are not bottling up your emotions the way previous generations did," responded Williams. "It's not a sign of weakness to talk about these things."

Winburn took the advice and talked to anyone who would listen. He spoke at length with nurses and his roommate, an injured Marine. His mood seemed to improve, especially after receiving a few hours of morphine-induced sleep the night of July 7. He said he still had a dream about the incident, but when he woke up, he sat in his hospital bed and spoke aloud – reminding himself to think about positive images. Remaining positive is so important to his mental recovery, said Williams.

"Anything he can do to lift his self-confidence will help because many aspects of this will attack his sense of self," he said. "He is going to have feelings of inadequacy, but there is hope."

Joking about his injuries and speaking to his wife and two little girls have buoyed his spirits. As he said, life is too short to be depressed about everything.

"It was such a good feeling to hear from my family," he said. "A lot of servicemembers will never see their families again. I was lucky. My life was spared and I thank God every day for it."



Photo by Spc. Todd Goodman

Staff Sgt. William Winburn, an injured Soldier with the 1st/623 Field Artillery unit, speaks to Landstuhl Regional Medical Center (LRMC) Chaplain Lt. Col. Paul Williams, a reserve Soldier with the 328th Combat Support Hospital, on a patient ward at LRMC. Winburn was injured in Iraq when an improvised explosive device hit his Humvee.

LRMC



This article was reprinted with permission from the editor of The Journal of the American Dental Association.

H-MEDDAC



Heidelberg Hospital staff visits Heidelberg University Klinikum Hospital

By Charles Ward
Public Affairs Officer

Taking advantage of an invitation from Heidelberg's University Klinikum Hospital, ten members of Heidelberg Hospital staff attended meetings and received a tour June 30, at the expansive medical complex in the part of the city along the Neckar River known as Neuenheim.

"We have to get out and do this," said Capt. Matthew Kleese, a Family Practice Clinic physician. "As a health care provider, it is extremely necessary for me to not only know but to then physically see and hear about the high level of care that our patients will experience when we refer them to local hospitals for a variety of medical needs."

Mary Brownfield, nurse educator with the Office of Staff Development, arranged all aspects of the visit once the invitation date from the university medical staff was firm. Working with Gertrud Ott, nursing director for the university medical hospital, Brownfield set up the itinerary and organized the day's events.

"There is great value in this for us once we initiate an exchange in our professional relationships," said Brownfield. "We do send patients to them. We want our care providers who send their patients there (to the German medical facilities) to know how it is there. They can then reassure our patients who are not familiar with things on the economy."

Highlights of the tour included visits to the emergency room, the critical care unit, and wards in the surgical clinic. Some of the medical facilities almost gleamed with cleanliness and newness. Several of the larger buildings of the University Klinik in Neuenheim are completely new structures.

"We could see with our own eyes that the quality of care is top notch," commented Brownfield. "We saw a lot of state-of-the-art equipment."

"I think it is eye opening," said Kimberly



Photo by Charles Ward, Public Affairs Office

Members of the Heidelberg Hospital staff met with their counterparts at the Heidelberg University Hospital June 30, during an exchange and information visit. Staff were treated to a full day of briefings and a tour of the new facilities in the part of the city known as Neuenheim.

Christman, nurse supervisor in the Internal Medicine Clinic. "Part of what they are doing is the (German) National Cancer Research Center and they also have an iron therapy research program. All these things are right here in Heidelberg. Many of the doctors we met were American schooled and spoke excellent English. There was just not the language barrier that I would have expected."

In addition to modern structures, modern equipment, and the research programs, the Neuenheim medical campus is filled with faculty and students. There are currently just under 300 nursing students and well over 3,000 medical and dental students enrolled.

Visits like the June 30 trip by the Heidelberg Hospital staff will continue and become more valuable as the American presence in this region of Germany shifts. "If Heidelberg Hospital eventually comes to draw down and close, we are going to rely more heavily on the local medical care," said Brownfield. "So we need to be making these friends now."

"Their hospitality was wonderful," added Kleese. "We had a lot of fun and learned about local things, too. We look forward to more interaction in the future."

Deploying veterinarians trained in pathology

By Maj. Boris Brglez
Veterinarian Laboratory Europe

The 9th Annual Pathology for Clinical Veterinarians course was held Sept. 21-23 of last year and was hosted by the Veterinarian Laboratory Europe (VLE), Landstuhl, Germany. Twelve veterinarians attended the course under the command and control of the 100th Medical Detachment (Veterinarian Services (VS), Headquarters), Heidelberg, Germany. Several participants in the course were scheduled to deploy in support of OIF and OEF.

The course was held at Pulaski Barracks in facilities provided by Pulaski Dental Clinic and the 51st Medical Detachment, (VS). Instructors from the Armed Forces Institute of Pathology, Washington D.C., the Depart of Pathobiology, 59th Clinical Research Squadron, Lackland U.S. Air Force Base, Texas and VLE conducted courses in anatomic, cytologic and clinical pathology.

The course was designed to provide veterinary corps officers with 20 hours of continuing education credits utilizing didactic lectures and hands-on laboratory training in necropsy techniques, descriptive gross pathology, clinical pathology and cytology.

VLE



Photo courtesy U.S. Army

Attendees gather together at Pulaski Barracks during the 9th Annual Pathology for Clinical Veterinarians course held Sept. 21-23 of last year. The event was hosted by the Veterinarian Laboratory Europe (VLE), Landstuhl, Germany.

ERDC



This article was reprinted with permission from the editor of *The Journal of the American Dental Association*.

Dentists offer patients help in kicking tobacco habit

CHICAGO - Dentists should improve their knowledge of smoking-cessation practices and play a more central role in helping tobacco-using patients kick the habit, says Michael Glick, D.M.D., editor of *The Journal of the American Dental Association (JADA)*.

“Embracing smoking-cessation activities as part of unabridged oral health care no longer should be a choice for dentists as health care providers,” Glick writes in an editorial in the publication's August issue.

The editor's comments relate to two studies also published in the August JADA: one on the value of the dental-office health history form in identifying adolescent smokers; the other on the general dentist's role in smoking cessation and diabetes management.

A research team led by Deborah Hennrikus, Ph.D., School of Public Health at the University of Minnesota, found that adolescents routinely underreport tobacco use on health history forms that ask them simply whether they use tobacco.

Researchers note that adolescents who smoke socially or experimentally may not see themselves as smokers. A better question, they say, would be to ask whether tobacco has been used within the past 30 days.

In other cases, researchers found adolescents may be reluctant to disclose their tobacco use. And in still other cases, a parent unaware that

the adolescent smokes completes the form. The JADA study recommends that the adolescent, not the parent, complete the behavioral section of the health history form and that this be done privately.

In a second study published in August JADA, researcher Carol Kunzel, Ph.D., and her associates at New York's Columbia University School of Dental and Oral Surgery found that many dentists believe they lack the information and know-how to help patients stop smoking. Many also believe that such activities are

“peripheral to their role as caregivers” and that their colleagues and patients do not expect them to perform such functions.



By getting the information they need and altering their attitudes toward patient care, say

Kunzel and colleagues, dentists can “provide better oral health care, enhance the outcome of therapeutic procedures and play an increasingly important role in promoting the general health of patients.”

In his editorial, Glick reports that cigarette smoking and secondhand smoke accounted for about 438,000 deaths each year between 1997 and 2001, and that it will kill as many as 450 million people worldwide over the next 50 years.

Dentists owe it to their patients to become more involved, says the JADA editor.

Sleep studies making a difference

By Spc. Todd Goodman
Landstuhl Public Affairs Office

“We have people coming by and shaking our hands,” said Clifton Edwards, supervisor of the Landstuhl Regional Medical Center Sleep Lab. “They become different people. You see it on them. They say, ‘I have a life now. I have energy to take the kids to soccer practice. My marriage is better.’ It really is miraculous.”

Sleep disorders, such as apnea (to stop breathing), desaturation, excessive snoring, narcolepsy and daytime sleepiness plague many. So many that the LRMC Sleep Clinic stays fully booked. The good news is that one overnight sleep study can provide relief or at least rule out sleep as the root of the problem.

Once referred to the clinic, patients will participate in a nighttime study. While sleeping, a high-tech gizmo will determine which stage of sleep a patient reaches. The study also monitors how hard the chest and abdomen work during breathing, as well as the airflow from the mouth and nose.

Some patients don’t work hard at all when breathing. Some go as long as three minutes between

breaths. It could be due to tonsils, adenoids or just too much throat tissue, said Mr. Edwards. Overweight people are more apt to suffer from sporadic breathing.

“When a person stops breathing during sleep, their oxygen levels drop way down (also known as desaturation),” he said. “A normal sleeper will have an oxygen percentage of 85-100. Some people have levels that reach as low as 50 percent.”

That creates a two-fold problem. Needed oxygen is not getting to the brain and carbon dioxide is not being expelled from the body. It also can keep a person from reaching the deepest stage of sleep.

There are five stages of sleep. Stages one through four are where the body rejuvenates itself, healing wounds and injuries. Stage five (Rapid Eye Movement) is the only sleep stage where they brain gets to rejuvenate itself. It stops worrying about whether the gas bill ever got paid and really relaxes.

Many respiratory sleep disorders can be remedied by using a nasal mask, which provides constant positive airway pressure. Oxygen is pushed into the patient’s air-

way, and through tension, keeps the airway open. This allows the patient to have unobstructed breathing.

If the nasal mask is ineffective, the other option is surgery to remove excess tissue, which causes the blockage.

“People go years with sleep apnea,” said Edwards. “Most people don’t really think about sleep, but it’s at least as important as a good diet. People talk about calories, but not sleep. If they did, they might find their lives a lot more comfortable.”

For those interested in a good night’s sleep, here a few suggestions from the LRMC Sleep Clinic staff.

Shoot for eight hours of sleep each night. Yes, some people function fine on less, but eight remains the optimum number. Get to bed at the same time each night. Stick to the same routine before going to bed – warm milk, reading a book, taking a shower or whatever is found relaxing. Varying the sleep routine will cause sleep patterns to vary, which is not conducive to a sound sleep.

LRMC





...People will remain the
centerpiece of all we do—

Soldiers, civilians,

retirees and veterans...

The Army Vision



ERMC

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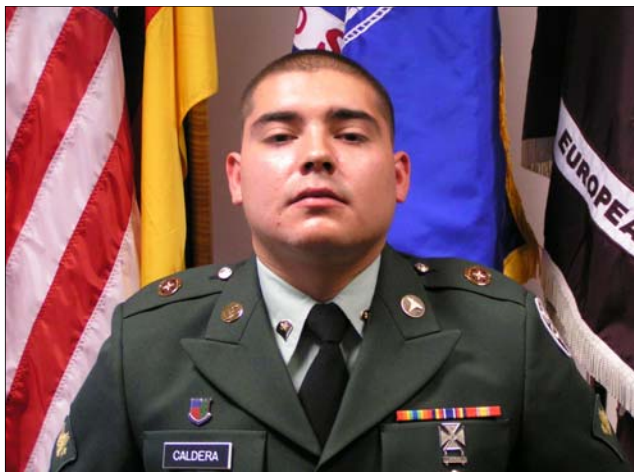
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Photo by Phillip Tegtmeier, Europe Regional Medical Command Public Affairs Office

Col. Casey Jones, departing deputy commander of the Europe Regional Medical Command (ERMC), left, waits as 1st Lt. Katrina Gill (ERMC Adjutant), right, passes a ceremonial retirement flag to ERMC Commanding General Brig. Gen. Carla G. Hawley-Bowland, center, during Jones' June 15 retirement ceremony in the Nachrichten Kaserne Rose Garden. The new ERMC Deputy Commander, Col. Neil Maher, will arrive in Heidelberg in late July.



Heidelberg Dental Activity Soldier of the Quarter

Specialist Arturo Caldera Jr. is the Heidelberg Dental Activity Soldier of the Quarter for the third quarter of Fiscal Year 2005.

Caldera is assigned to the Benjamin Franklin Village Dental Clinic in Mannheim where he works as a dental specialist. He has lived in Germany since 2004, and enlisted in the Army in September 2003.

The U.S. Army Europe Regional Medical Command was activated on Oct. 16, 1994, under the command and control of the US Army Medical Command, headquartered at Fort Sam Houston, Texas. The command was originally designated the European Health Service Support Area, one of seven Army health service support regions throughout the world. To clarify beneficiary recognition of their mission, all health service support areas were re-designated regional medical commands in July 1996.

To meet the European challenge of the ever changing medical environment and the military force, Europe Regional Medical Command oversees and maintains the successful operation of the Army's 28 healthcare facilities in Germany, Italy and Belgium.